



**5. HRVATSKI KONGRES MEDICINE RADA  
s međunarodnim sudjelovanjem  
ZDRAVLJE, RAD i ZAJEDNICA**

**5th CROATIAN CONGRESS ON OCCUPATIONAL HEALTH  
with International Participation  
HEALTH, WORK AND COMMUNITY**

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**KNJIGA SAŽETAKA**

***BOOK OF ABSTRACTS***



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disease (age, gender, qualifications), economic activity of employers, length of exposure to hazard at work, diagnosis of occupational disease and the type of hazard that caused the disease. National Classification of Economic Activities 2007 (NN 58/07), the National Classification of Occupations (NN 147/10) and the Classification of disease according to ICD-10 were used in the analysis.

**RESULTS:** Two-hundred-thirty-eight occupational diseases were recorded in the Register during 2010. Hundred-forty-eight (62.2%) males and 90 (37.8%) women, mostly between 51 and 60 years of age, suffered from occupational diseases. Among affected workers there were 14 with college or university degree, 141 with high school diploma and 83 with low or no qualifications. The highest rate of occupational diseases is found in manufacturing, service activities, agriculture, forestry and fishing, real estate activities and in health and social work activities. The most common were occupational diseases caused by fibrogen dust (asbestos), microorganisms, hand-arm vibration, static loads of musculoskeletal system and by skin irritants and allergens.

**CONCLUSION:** A large number of occupational diseases in the manufacturing are the result of a growing number of workers with occupational diseases caused by asbestos. In forestry there is also a high rate of occupational diseases, mostly the hand-arm vibration syndrome among chainsaw operators. The largest number of occupational diseases is caused by the hazards which can be partially or completely prevented. This indicates the need for preventive actions in health protection of working population.

## **P 1.20 PROFESIONALNI KONTAKTNI ALERGIJSKI DERMATITIS – PRIKAZ BOLESNICE**

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Hrvatski zavod za zaštitu zdravlja i sigurnost na radu, Zagreb, Hrvatska

**UVOD:** Često kronični tijek bolesti i loša radna prognoza čine kontaktni alergijski dermatitis važnim uzrokom morbiditeta radnika. Stoga prikazujemo zanimljiv i donekle jedinstven slučaj kontaktnog alergijskog dermatitisa. Radi se o priznavanju profesionalne bolesti kod onihotehničarke zaposlene u prezentaciji i prodaji kozmetičkih proizvoda za ugradnju umjetnih gel-noktiju te praktičnoj edukaciji krajnjeg korisnika.

**PRIKAZ BOLESNICE:** Riječ je o osobi atopijske konstitucije koja nakon rada na radnom mjestu razvija kožne promjene na licu, očnim kapcima i vratu u obliku crvenila, oticanja i svrbeža. Kožnim testiranjem utvrđena je pozitivna reakcija na više preparata s kojima je radila. Bilo je potrebno nesumljivo utvrditi da je osoba radila upravo s preparatima s kojima je bila testirana i za koje je utvrđeno da su uzrok njene alergijske kožne reakcije. Inspektor rada konstatira da se u radnom procesu koriste preparati koji sadrže akrilatne spojeve. Sigurnosno-tehnički listovi potvrđuju prisutnost akrilatnih spojeva u preparatima. Od osobnih zaštitnih sredstava koristila je visoke nitrilske gumene rukavice, troslojnu masku i naočale. Osoba je zbog svoje atopije od ranije imala alergijske kožne promjene u kontaktu s drugim alergenima. Na ovom radnom mjestu razvila je kožnu preosjetljivost upravo na preparate za koje je dokazano da su dio njenog radnog procesa. Budući da je dokazana bolest i nedvojbeno prisustvo uzroka bolesti na radnom mjestu, zaključeno je da se radi o profesionalnoj etiologiji kontaktnog alergijskog dermatitisa uzrokovanog akrilatnim spojevima.

**RASPRAVA:** Prema nekim izvorima, kožne bolesti čine 35% svih profesionalnih bolesti, a u ukupnom broju profesionalnih dermatoza 20% je alergijskog kontaktnog dermatitisa. Osim toga, od približno 3000 raznih tvari, 25% ih je odgovorno za nastanak gotovo polovice slučajeva kontaktnog alergijskog dermatitisa. Među njima su akrilati - poznati i potentni kožni alergeni te se preosjetljivost može javiti i nakon kratkog kontakta, a pogotovo ako se radi o osobi sklonoj alergiji.



**ZAKLJUČAK:** Zaštitna oprema treba se pravilno odabrati, ali ne štiti sva oprema od svih štetnih tvari. U svakom slučaju potrebno je slijediti upute proizvođača. I, naposljetku, uspostava dobrog programa kojim bi se izbjeglo ekspoziciju kože alergenima od vitalne je važnosti za eliminaciju kontaktnog alergijskog dermatitisa. To podrazumijeva i informiranje radnika o vrsti tvari kojima su izloženi u radnom procesu te kako raditi na siguran način.

## **OCCUPATIONAL CONTACT ALLERGIC DERMATITIS - CASE REPORT**

**INTRODUCTION:** Often a chronic course of illness and a poor working forecast make the contact allergic dermatitis an important cause of morbidity among the workers. Thereof here we present interesting and, from some aspects unique, case of contact allergic dermatitis. The case presents process of diagnosing occupational disease to a nail-technician, prone to allergies, employed in presentation and sales of cosmetic products for implant, artificial gel-nails, as well as practical education of an end user.

**CASE REPORT:** The person has predisposition to allergies and develops skin changes in form of redness, swelling and itching on face, eyelids and neck. Skin testing resulted in positive allergic skin reaction to several chemicals she used in work process. It was necessary to confirm work exposure towards those chemicals beyond every doubt. Labour inspector found that during work process the chemicals used contain acrylates. Material safety data sheet also confirms acrylates as substance in the work process. As for personal protective equipment, a person wore nitrilic gloves, mask and goggles. The disease has been eventually diagnosed and the presence of the cause of the disease is undoubtedly proved as part of the work process, so despite some occurrences of allergic reactions to other allergens it has been concluded that etiology of this contact allergic dermatitis towards acrylic substances is occupational.

**DISCUSSION:** According to some sources, skin disorders comprise more than 35% of all occupational diseases and among all cases of occupational dermatitis, allergic contact dermatitis accounts for about 20%. Approximately 3,000 substances are recognized as contact allergens, yet only 25 of these substances are responsible for almost half the cases of allergic contact dermatitis. Acrylates are known and potent skin allergens meaning that allergic sensitization can occur after a brief exposure, especially if the person has predisposition to allergies.

**CONCLUSION:** Protective clothing should be properly selected, but not every protective clothing resists all substances. Manufacturers' specifications should be followed. And last but not least, establishing a good program to avoid exposure of the skin to allergens is of vital importance to eliminate allergic contact dermatitis. This also requires workers to be informed about the nature of substances they are exposed to and how to work with them safely.

### **P 1.21 OZLJEDE NA RADU U REPUBLICI HRVATSKOJ – PRIVREDNE GRANE I NAJČEŠĆE DIJAGNOZE**

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Hrvatski zavod za zaštitu zdravlja i sigurnost na radu, Zagreb, Hrvatska

**UVOD:** Zakon o zdravstvenom osiguranju zaštite zdravlja na radu i Zakon o mirovinskom osiguranju propisali su što se smatra ozljedom na radu u Republici Hrvatskoj. Ozljede na radu dobar su pokazatelj primjene pravila zaštite na radu kao i ukupnog stanja štetnih radnih uvjeta.

**CILJ:** Cilj rada je analizirati dostavljene Prijave o ozljedi na radu zbog uvida u problematiku u području ozljeda na radu i predlaganja mjera za njihovo smanjenje. Slučajevi su analizirani